USAID | MALAWI
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HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	13.9 million (mid-2008)
Estimated Population Living with HIV/AIDS**	940,000 [480,000 -1.4 million] (end 2005)
Adult HIV Prevalence**	14.1% (2005)
HIV Prevalence in Most-At-Risk Populations ***	Female Sex Workers: 69% (2007)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	43% (end 2006)

*U.S. Census Bureau **UNAIDS ***Behavioral Surveillance Survey 2006 ****WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

Malawi has one of the highest national HIV prevalence rates in the world. UNAIDS estimated that the national adult HIV prevalence rate was 14.1 percent in 2005, while the 2004 Demographic and Health Survey (DHS) reported an 11.8 percent adult prevalence rate. More recently, the 2007 HIV sero-survey of antenatal clinics estimated a national prevalence of 12 percent, for a total of roughly 900,000 Malawians living with HIV.

Malawi exhibits significant geographic differences in HIV prevalence. Although prevalence is significantly higher in urban areas, 80 percent of the population lives in rural areas, and the epidemic in these areas remains a concern. In the south, where roughly half of the population resides, HIV rates in both urban and rural areas are much higher than in other regions.

The primary mode of HIV transmission in Malawi is heterosexual contact. No information is available about the number of infections transmitted through sex between men, as homosexuality is illegal, but the number is thought to be relatively low. Malawi's epidemic is feminized; around 60 percent of adults living with HIV in Malawi are women, according to a 2006 UNAIDS report. The 2004 DHS demonstrated that women have higher HIV prevalence rates than men, at 13 percent and 10 percent respectively. HIV prevalence among young women (15 to 24 years old) in Malawi is much higher than among men of similar age: 9 percent compared with 2 percent overall, and, in urban areas, 13 percent compared with less than 1 percent. Furthermore, the United Nations Development Assistance Framework reports that the continuing rise in HIV infection rates among young people, particularly girls, is due to several psychosocial and economic factors, including cultural/sexual initiation practices that often expose young girls to HIV.

High levels of movement between urban, rural, and mining areas facilitate HIV transmission. Mobile groups in Malawi, including truck drivers, female sex workers, fishermen and fish traders, migrant and seasonal workers, military personnel, prisoners, and refugees, are also vulnerable to the epidemic. These populations tend to have a higher prevalence of HIV infection than the general population because they engage in behaviors that put them at higher risk of becoming infected. They also represent some of Malawi's most marginalized populations and those most subject to discrimination. HIV/AIDS is still stigmatized in Malawi, hindering the flow of information to communities, hampering prevention efforts, and reducing use of HIV/AIDS services. Other barriers to prevention, treatment, and care and support include the limited coverage of behavioral change communications, inadequate empowerment of women, limited access to services, insufficient focus on pediatric cases, inadequate laboratory services, lack of trained staff, and limited capacity for home-based care.

Children are affected by the epidemic by contracting the disease from their mothers and by losing a parent to the disease. At the end of 2005, an estimated 91,000 children in Malawi were living with HIV, and more than half a million had been orphaned by AIDS. The traditional extended family and other support systems are overwhelmed by this situation. The majority of these children have no extended family networks on which to rely following the death of their parents. The elderly have also been affected by the AIDS-related deaths of adult children who had previously supported them.

People living with HIV are particularly vulnerable to tuberculosis (TB). Because of the increased susceptibility to infection and progression to active TB, it is one of the main causes of death for people living with HIV. Malawi has a high TB burden, with an incidence rate of 143 cases per 100,000 population in 2006, according to the World Health Organization. TB-HIV co-infection is also extremely high, and more than 50 percent of new adult TB patients are HIV positive.

National Response

Malawi has actively responded to HIV since 1985, when it implemented a short-term strategy after the first AIDS case was reported. In 1988, the Government of Malawi created the National AIDS Control Program (NACP) to coordinate the country's AIDS education and HIV prevention efforts. In 2000, a five-year national strategic framework to combat AIDS was implemented. The policy was slow to take effect, as financial and organizational difficulties within the NACP persisted. In 2001, the National AIDS Commission (NAC) was set up, and it has since overseen a number of AIDS prevention and care initiatives, including programs to provide treatment, increase testing, and prevent mother-to-child transmission of HIV. A national HIV/AIDS policy was developed in 2003, laying down the guiding principles for all national HIV/AIDS programs and interventions. The National HIV/AIDS Strategic Framework for 2000–2004 included prevention and behavior change interventions as well as interventions to expand access to treatment and care and support services, including antiretroviral drugs (ARVs). A national action framework for 2005–2009 was developed recently. Policies and guidelines for voluntary counseling and testing, prevention of mother-to-child transmission (PMTCT) of HIV, antiretroviral therapy (ART), and treatment of sexually transmitted infections have been developed and implemented.

Malawi has had impressive success in rapidly scaling up ART, having initiated more than 140,000 people into treatment by the middle of 2008. ART has been provided free of charge in the public sector since 2003, and the prescription and sale of ARVs are regulated to guarantee quality control and reduce the risk of drug resistance developing through inappropriate use of the drugs. However, despite the impressive scale-up of the ART program, much more needs to be done to improve the quality of care given to patients and to strengthen the health system so that it will be able to support the hundreds of thousands more patients who will need treatment in the coming five years. Improving the quality of community home-based care is a particularly important priority in Malawi to help improve patient outcomes.

In November 2007, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved Malawi's third grant – a seventh-round proposal for a $36 million HIV/AIDS grant. Malawi is currently implementing a round five grant approved in 2006 for orphan care and support. Other international donors to Malawi include the U.K. Department for International Development, the World Bank, the European Union, UNICEF, and several other United Nations agencies.

USAID Support

Through the U.S. Agency for International Development (USAID), Malawi in fiscal year 2008 received $17.06 million for essential HIV/AIDS programs and services. USAID's programs in Malawi are implemented under the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed $18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of $15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of $39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

In Malawi, the U.S. Government collaborates with the Government of Malawi and other stakeholders to develop and support critical interventions for HIV/AIDS prevention, treatment, and care. Intervention strategies of the Emergency Plan involve:

- Filling critical gaps in HIV prevention and behavior change interventions.
- Strengthening government and private health systems to scale up counseling and testing, ART, and PMTCT services.
- Building capacity in critical areas, including laboratory infrastructure and strategic information.
- Strengthening care services provided by the public sector and indigenous organizations.
- Supporting coordination of HIV/AIDS efforts among the Emergency Plan, the Government of Malawi, and other partner organizations.

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USAID HIV/AIDS Web site for Malawi: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/malawi.html

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids/

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